

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012830

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3494

STATE FILE NUMBER

FILED APR 12 1962

## 1. PLACE OF DEATH

a. COUNTY City of St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis, Mo

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Firmen Desloge Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4323 A Cook

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Horace

Middle

I.

Last

JENKINS

## 4. DATE OF DEATH

Month

Day

Year

April

1

1962

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3/11/85

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR.

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, ever if retired)

Laborer Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

Union Electric

## 11. BIRTHPLACE (City and state or country)

Portsmouth, Ohio

## 12. CITIZEN OF WHAT COUNTRY

American (U.S.)

## 13a. FATHER'S NAME

Edward JENKINS

## 13b. MOTHER'S MAIDEN NAME

Florence Turnquest

## 14. NAME OF HUSBAND OR WIFE

Dead

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

NONE

## 17. INFORMANT

Teresa Michéaux

## Address

5137 Palm

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Damage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

3 Generalized Arteriosclerosis possible CVA 331XH

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carotid Artery section prostate 3/4/62

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐20. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from 2/19/62 to 4/1/62 and last saw him alive on April 1, 62

Death occurred at 10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Bahig H. Madany M.D.

## 22b. ADDRESS

766 W. Canterbury Rd

## 22c. DATE SIGNED

April 1, 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

4/4/62

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

C.W. Roberts Und. Co 1416 N. Taylor Ave

## 25. DATE RECD. BY LOCAL REG.

APR 3 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

ITEM NO.

VS 300  
Rev. 4/59

1

2

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12

13

61

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*M. Claude Gordon*

Licensed Embalmer No.

*3489*

P. O. Address

*St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.